PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or Fax

INSTRUCTIONS: This for appropriate. All further con indicated unless corrected I maintenance fee notification	below or directed otherwise	smitting the ISSUE FEE and Patent, advance orders and not in Block 1, by (a) specifying	PUBLICATION FEE (if requification of maintenance fees a new correspondence address	aired). Blocks I through 5 s will be mailed to the current s; and/or (b) indicating a sep	should be completed where correspondence address as arute "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)			Fee(s) Transmittal, Top papers, Each addition	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
REED SMITH, L ATTN: PATENT I	.LP RECORDS DEPARTM AVENUE, 29TH FLO	IENT OF E	ress 19NOVO4 Ce I hereby compy that to States Postal scriptor addressed by the Ma transmitted to the US	19NOV04 Certificate of Mailing or Transmission Thereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop SSME FEE address above, or being facsimile transmitted to the USITO (703) 746-4000, on the date indicated below.		
		MUV 1 9 2004	November 1	1v6 // 9, 2004	(Depositor's name) (Signatore) (Dafe)	
APPLICATION NO.	FILING DATE	FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/856.833	10/09/2001	Frank C	Goedicke	GK-BUE-102 / 5	4732	
TITLE OF INVENTION: METHOD AND DEVICE FOR PROCESSING A THERMOPLASTIC CONDENSATION POLYMER						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1370.	\$0 CLASS-SUBCLASS	x xx xxxx \$1370 ***	11/19/2004	
EXAMINER			<u> </u>	J		
YOON, TAE H 1714 523-343000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Buehler AG Uzwil, SWITZERLAND						
Please check the appropriate assignce category or categories (will not be printed on the patent);						
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):						
Issue Fee A check in the amount of the fee(s) is enclosed. (\$1,400.00)						
Description Programment by credit card, Form PTO-2038 is attached.						
The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1529 (enclose an extra copy of this form).						
•	(from status indicated above AALL ENTITY status. See 3	•	ant is not claiming SMALL EN	TITY status. See, e.g., 37 CF	R 1.27(g)(2).	
NOTE: The Issue Fee and P		ne Fee and Publication Fee (if any any on any and Trademark Office.				
(Authorized Signature)	el H. Kel	(Date) 11/19/04	CERALI REG No	H. KIEL		
This collection of informatic an application. Confidential submitting the completed at this form and/or suggestions Box 1450, Alexandria, Virg Alexandria, Virginia 22313-	onlis required by 37 CFR 1.3 ity is governed by 35 U.S.C. oplication form to the USPT's for reducing this burden, shinia 22313-1450. DO NOT \$ 1450.	(Date) 11/19/04 11. The information is required 122 and 37 CFR 1.14. This co O. Time will vary depending u onld be sent to the Chief Information SEND FEES OR COMPLETER	to obtain or retain a benefit by llection is estimated to take 12 pon the individual case. Any c matrix of the individual case. Any c properties of the individual case. The individual of FORMS TO THIS ADDRES	the public labels is to file (an minutes to complete, includin omments on the amount of ti I Trademark Office, U.S. Dep S. SEND TO: Commissioner	d by the USPTO to processying gathering, preparing, and me you require to complete arunent of Commerce, P.O. for Patents, P.O. Box 1450,	
		are required to respond to a col	lection of information unless it	displays a valid OMB control	l number.	
AAA	AAAA7 09856833					

11/23/2004 ZJUHAR2 00000007

TRANSMIT THIS FORM WITH FEE(S)

1370.00 OP 01 FC:1501 02 FC:1501(Rev. 07/04) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE